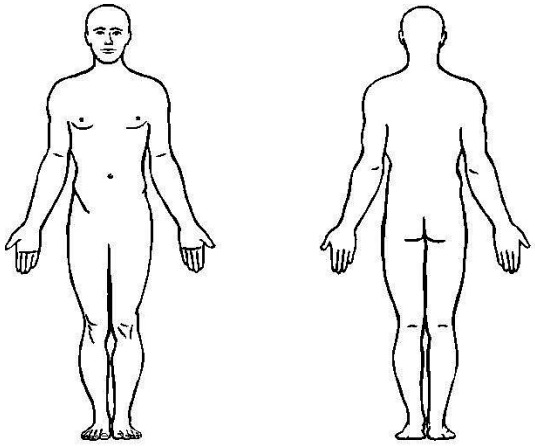
Therapeutic Massage
client intake form

Name: _____ Phone: _____ Cell? Y / N
Birth Date: _____ Email: _____
Occupation: _____ Address: _____
Preferred contact method:

What are you hoping to accomplish with your session(s) here?

Are you currently experiencing pain, tension, or other limitations in your body?

Please mark where you are feeling discomfort



What aggravates the discomfort?

What helps aleviate it?

Is this the result of an injury? Y / N
If so, when and how did the injury occur?

Have you had any surgeries, injuries, or other bodily traumas?

How stressful is your overall daily experience?

Not at all - Mildly - Moderately - Extremely

What do you do for self-care, to unwind, or treat yourself? How often?

How often do you exercise? What type(s)?

Please mark any of the following that you are currently experiencing:

__ headache
__ high/low blood pressure
__ varicose veins
__ diabetes
__ epilepsy
__ cancer
__ heart condition
__ inflammation
__ fibromyalgia
__ dizziness
__ arthritis
__ artificial joint
__ cuts, burns, bruises
__ severe pain
__ TMJ
__ fever, flu, cold
__ rash or skin condition
__ pregnant (if yes) due date:

Please explain any of the above, or any other medical conditions you have been diagnosed with:

Any prior experience with massage, other forms of bodywork, or other alternative healing practices?

Are you currently working with any other health care practitioners?

Are you taking any medications, herbs, or supplements?

Do you have any allergies or sensitivities to oils, salves, lotions?

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary care provider for any medical condition I may have.
A bodywork treatment here may include, but is not limited to, health history intake and interview, deep and superficial manual soft tissue therapy, and assisted stretching; this type of treatment is intended for the purposes of relaxation, increased circulation, stress reduction, pain reduction, relief of muscular tension and pain, fascial release, increased range of motion, and rehabilitation from injury.
Manual therapy performed during treatment is considered a safe and effective method of care. As with any other potentially beneficial procedure, complications can arise over the course of treatment. Some potential side effects related to this type of massage include, but are not limited to, soreness, dizziness, inflammation, soft tissue injury, and temporary worsening of symptoms.
I choose to participate for my own benefit, and assume the responsibility to participate in ways that are best for me to receive the full benefit of this work. I have informed my therapist of my state of health and have clearly and completely communicated any restrictions or limitations I have, and I will notify my massage therapist of any changes. I also agree to save, hold harmless, discharge and release my therapist(s) here from any and all liability, claims, causes of action, damages or demands in connection with massage therapy and/or therapeutic activities.

_____ _____

signature date